

**Request for Special Evangelistic Event Grant**

Your Name:       Role/Position:

Email:       Phone:

Today’s Date:       Date of Event:

Church Name:

Address:

Amount Requested: $

Event Title:

Provide a brief description of the event:

Anticipated attendance:

How many lost/unchurched people to you anticipate reaching through this event:

Describe your follow-up process for those who attend, make decisions, etc:

Have you done this evangelistic event in the past? [ ]  Y [ ]  N

If yes, describe results from previous events:

What is your anticipated budget for this event:
*\*Please attach a copy of event budget, if available.*

Are you requesting and/or receiving funds from other sources? [ ]  Y [ ]  N

If yes, explain:

Submit to:

Southside Baptist Network

2170 Jonesboro Road

McDonough, GA 30253